

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03257

3286

CERTIFICATE OF DEATH

Reg. Dist. No.

260

1. PLACE OF DEATH a. COUNTY Somerset		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland		b. COUNTY Somerset	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oriole		c. LENGTH OF STAY IN 1b 88 years		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oriole		d. STREET ADDRESS /	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION At Home				e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) Mary		First	Middle	Last	4. DATE OF DEATH Month March	Month 24	Day Year 19 56
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	B. DATE OF BIRTH Feb. 22, 1868	9. AGE (In years last birthday) 88 yrs.	IF UNDER 1 YEAR Months 0	IF UNDER 24 HRS. Days 0	Hours 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Theodore Dashiell		14. MOTHER'S MAIDEN NAME Georgia Dashiell		Address			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT Mr. Herman Bennett Oriole, Maryland		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia (Pneumonia) DUE TO 493X Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last. (b) DUE TO (c)	
						INTERVAL BETWEEN ONSET AND DEATH 6 weeks	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Arteriosclerotic Heart Disease		20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from 2-13 , 19 56 , to 3-24 , 19 56 , that I last saw the deceased alive on 3-24 , 19 56 , and that death occurred at 7A M, from the causes and on the date stated above. ACTUAL SIGNATURE Everett C. Sutter M.D.		ADDRESS (Street, city or town, state) Dames Quarter, Maryland		DATE SIGNED 3/27/56			
PHYSICIAN'S NAME (Type) Everett C. Sutter MD		22a. BURIAL, CREMATION, REMOVAL (Specify) burial		22b. DATE THEREOF 3-26-1956		22c. NAME OF CEMETERY OR CREMATORIAL Oriole Cemetery	
23. FUNERAL DIRECTOR'S SIGNATURE Lewis R. Wilson, Business Agent, M.D.		ADDRESS		24a. REC'D. BY REGISTRAR DATE 3/27/56		24b. REGISTRAR'S SIGNATURE R. S. Johnson, M.D.	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed, it should be filed with page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH

MAR 29 1956

RECEIVED
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03258

3287

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH a. COUNTY SOMERSET		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MARYLAND		b. COUNTY SOMERSET			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X CRISFIELD		c. LENGTH OF STAY IN 1b LIFETIME		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CRISFIELD		39			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION McCREADY HOSPITAL				d. STREET ADDRESS CHARLOTTE AVE.		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print)	First ALTHEA	Middle BELL	Last CAREY	4. DATE OF DEATH MARCH 1 1956	Month Day Year				
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	B. DATE OF BIRTH AUGUST 14, 1880	9. AGE (In years last birthday) yrs. 75	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY AT HOME		11. BIRTHPLACE (State or foreign country) CRISFIELD, MARYLAND		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME GEORGE TAWES		14. MOTHER'S MAIDEN NAME ELIZABETH FOSTER		Address					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT MRS. GORDON PHILLIPS - CRISFIELD, MARYLAND		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia 204.4 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) Leukemia, unclassified DUE TO (c) ? INTERVAL BETWEEN ONSET AND DEATH 2 wks.			
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)							
20c. TIME OF INJURY Hour o. s. p. m. 19		Month o. s. 19	Day o. s. 19	Year o. s. 1956	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) At home	20f. (City or town) CRISFIELD	(County) MARYLAND	(State) MARYLAND
21. I certify that I attended the deceased from March 24, 1956 , to March 1, 1956 , that I last saw the deceased alive on March 1, 1956 , and that death occurred at 6:30 A.M. from the causes and on the date stated above. ADDRESS (Street, city or town, state) CRISFIELD - MD DATE SIGNED C. G. Rawley M.D.									
ACTUAL SIGNATURE C. G. Rawley		PHYSICIAN'S NAME (Type) C. G. RAWLEY, M.D.							
22a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		22b. DATE THEREOF MAR. 3, 1956		22c. NAME OF CEMETERY OR CREMATORIUM SUNNYRIDGE CEMETERY		22d. LOCATION (City, town, or county) CRISFIELD, MARYLAND		(State) MARYLAND	
23. FUNERAL DIRECTOR'S SIGNATURE BRADSHAW & SONS - CRISFIELD, MARYLAND		ADDRESS CRISFIELD, MARYLAND		24a. REC'D BY REGISTRAR DATE 3/3/56		24b. REGISTRAR'S SIGNATURE Barbara S. Adams			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death: Page 4
 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

BUREAU V.

MAR 14 1956

ΩΕΛΛΑΣ

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03259

Item 21 Film G194 3-27-56 0ms

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 260

3288

1. PLACE OF DEATH a. COUNTY Somerset		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Maryland b. COUNTY Somerset	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Princess Anne		c. LENGTH OF STAY IN 1b 23 years		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Princess Anne	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)		First Henry	Middle Carey	4. DATE OF DEATH March 17, 1956	Month Day Year
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH 9/12/86	9. AGE (In years last birthday) 69 yrs.	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (State or foreign country) Augusta, Georgia	
13. FATHER'S NAME unknown		14. MOTHER'S MAIDEN NAME unknown		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Address Rebecca Ballard - Princess Anne, Maryland	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]					
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Exposure and shock DUE TO 932.8					
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause first. (b) Cold Weather alone in DUE TO (c) shock without any fire -					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m.		20d. INJURY OCCURRED While of work <input type="checkbox"/> Not while of work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)	
20g. TIME OF INJURY Month, Day, Year Hour o. m. p. m.					
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input checked="" type="checkbox"/> Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .					
ACTUAL SIGNATURE <i>R.H. Johnson</i>		M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input type="checkbox"/>		DATE SIGNED <i>March 19-56</i>	
EXAMINER'S NAME (Type) <i>R.H. Johnson</i>					
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF Mar. 20, 1956		22c. NAME OF CEMETERY OR CREMATORIUM Mt. Hope Cemetery	
22d. LOCATION (City, town, or county) Princess Anne, Md. - Somerset Co.		(State)			
23. FUNERAL DIRECTOR'S SIGNATURE <i>Willie A. Jones Jr. Funeral Home Inc.</i>		ADDRESS <i>111 W. Main St. Princess Anne, Md.</i>		24a. REC'D BY REGISTRAR DATE <i>3/20/56</i>	
				24b. REGISTRAR'S SIGNATURE <i>R.H. Johnson, M.D.</i>	

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the date pending, in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained by the registrar prior to burial, cremation, or removal.

DEPARTMENT OF HEALTH-EARLY MORNING EXAMINER'S CERTIFICATE OF DEATH

DEATH

MATERIAL

EXAMINER

BUREAU V. S.

MAR 22 1956

RECEIVED

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death: Page 4
 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed, it should be filed with page 3 should be detached for use as the burial-transit Permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3289

CERTIFICATE OF DEATH

03260

Reg. Dist. No. 265

1. PLACE OF DEATH a. COUNTY SOMERSET		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MARYLAND		b. COUNTY SOMERSET		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X CRISFIELD		c. LENGTH OF STAY IN 1b 8 DAYS		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARUMSCO		d. STREET ADDRESS /		
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION McCREADY HOSPITAL				e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				
3. NAME OF DECEASED (Type or print) HATTIE EMILY JACKSON		First	Middle	Last	4. DATE OF DEATH MARCH 7 1956	Month	Day	Year
5. SEX FEMALE		6. COLOR OR RACE COLORED	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH AUG. 1, 1901	9. AGE (In years lost birthday) 54 yrs.	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY SEAFOOD INDUSTRY		11. BIRTHPLACE (State or foreign country) MARUMSCO, MARYLAND		12. CITIZEN OF WHAT COUNTRY USA		
13. FATHER'S NAME PETER JACKSON		14. MOTHER'S MAIDEN NAME EMILY GREEK						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 215-01-0085		17. INFORMANT MRS. EUNICE FITCHETT - R.F.D. - MARION, MO.		Address		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 443X		DUE TO Cardio-vascular Accident		INTERVAL BETWEEN ONSET AND DEATH 8 days				
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.		(b) Hypertension Cardio-vascular Disease		DUE TO Known		2 years		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Congestive Heart Failure for 2 years						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Month, Day, Year Hour o. p.m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)				
21. I certify that I attended the deceased from Oct 31, 1955 , to Mar. 7, 1956 , that I last saw the deceased alive on Mar. 7, 1956 , and that death occurred at 6:30 P.M. , from the causes and on the date stated above.				ADDRESS (Street, city or town, state) Crisfield, Md.		DATE SIGNED		
ACTUAL SIGNATURE A. N. Barr		M.D.						
PHYSICIAN'S NAME (Type) A. N. BARR, M.D.				CRISFIELD, MARYLAND				
22a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		22b. DATE THEREOF MAR. 10, 1956		22c. NAME OF CEMETERY OR CREMATORIUM MARUMSCO CEMETERY		22d. LOCATION (City, town, or county) MARUMSCO, MD.		(State)
23. FUNERAL DIRECTOR'S SIGNATURE BRADSHAW & SONS - CRISFIELD, MD.		ADDRESS		24a. REC'D BY REGISTRAR DATE 3/15/56		24b. REGISTRAR'S SIGNATURE Bethan L. Adams		

WISCONSIN STATE DEPARTMENT OF HIGHWAY - BUREAU OF

CERTIFICATE OF DEATH

REGISTRATION NO.

REGISTRATION NO.

REGISTRATION NO.

REGISTRATION NO.

MARCH ELEVEN TWENTY EIGHT

1958

REGISTRATION NO.

REGISTRATION NO.

BUREAU V.

MAR 20 1956

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3284

CERTIFICATE OF DEATH

03261

265

Reg. Dist. No.

1. PLACE OF DEATH
o. COUNTY

Somerset

MARYLAND

b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

39

Crisfield

c. LENGTH OF STAY IN 1b

lifetime

d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION

39

Asbury Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Maryland

b. COUNTY

Somerset

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Crisfield

39

d. STREET ADDRESS

Asbury Ave.

e. IS RESIDENCE
ON A FARM?YES NO 3. NAME OF
DECEASED
(Type or print)First
ALVILDAMiddle
FRANCESLast
LAWSON4. DATE
OF
DEATHMonth
MarchDay
24Year
1956

5. SEX

Female

6. COLOR OR RACE

White

7. MARRIED NEVER MARRIED WIDOWED DIVORCED

8. DATE OF BIRTH

June 6, 1872

9. AGE (In years
lost birthday)
83

yrs.

IF UNDER 1 YEAR

Months

IF UNDER 24 HRS.

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Crisfield, Maryland

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

John Wesley Tyler

14. MOTHER'S MAIDEN NAME

Elizabeth Somers

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes or unknown)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

Mrs. Richard F. Jones, Sr.—Crisfield, Md.

Address

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a)

Coronary Condition

INTERVAL BETWEEN
ONSET AND DEATH

12m

592X

DUE TO

Conditions, if any, which
gave rise to immediate
cause (a), stating the under-
lying cause last.

(b)

DUE TO

(c)

Chronic Int nephritis + Chronic
myocarditis

years -

Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY
PERFORMED?YES NO

MEDICAL CERTIFICATION

20a. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Month, Day, Year
Hour a. m. 19
p. m.20d. INJURY OCCURRED
While at work Not while at work 20e. PLACE OF INJURY (Home, farm,
factory, street, office bldg., etc.)

20f. (City or town)

(County)

(State)

21. I certify that I attended the deceased from Mar. 10, 1956, to Mar. 24, 1956, that I last saw the deceased alive on Mar. 24, 1956, and that death occurred at 11:00 P.M. from the causes and on the date stated above.

ADDRESS (Street, city or town, state)

DATE SIGNED

ACTUAL
SIGNATUREPHYSICIAN'S
NAME (Type) George C. Coulbourn, M.D.

George C. Coulbourn, M.D.

Marion Station, Maryland

22a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

22b. DATE THEREOF

Mar. 26, 1956

22c. NAME OF CEMETERY OR CREMATORI

Asbury Cemetery

22d. LOCATION (City, town, or county)

Grisfield, Md.

(State)

23. FUNERAL DIRECTOR'S SIGNATURE

Bradshaw & Sons—Crisfield, Md.

ADDRESS

24a. REC'D BY REGISTRAR

DATE 3-26-56

24b. REGISTRAR'S SIGNATURE

Willie D. Payne

ST. JEROME'S COLLEGE LIBRARY - 1972-1973

BUREAU V. S.

1956 MAR 9

REGELIVE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

103262

3290

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH a. COUNTY SOMERSET		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MARYLAND		b. COUNTY SOMERSET	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CRISFIELD		c. LENGTH OF STAY IN 1b 10 YEARS		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CRISFIELD		39	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION McCREADY HOSPITAL		d. STREET ADDRESS 326 PINE ST.		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) LEONARD		First JOSEPH	Middle MCINTYRE	Last MCINTYRE	4. DATE OF DEATH MARCH 11	Month 8	Day Year 1956
5. SEX MALE		6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	B. DATE OF BIRTH JULY 7, 1895	9. AGE (In years last birthday) 60 yrs.	IF UNDER 1 YEAR Months 0	IF UNDER 24 HRS. Days 0
WIDOWED <input type="checkbox"/>		DIVORCED <input type="checkbox"/>	10b. KIND OF BUSINESS OR INDUSTRY SEAFOOD DIST.		11. BIRTHPLACE (State or foreign country) MT. VERNON, MARYLAND		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME COLUMBUS MCINTYRE		14. MOTHER'S MAIDEN NAME MARY MCINTYRE		Address			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. 218-05-6248		17. INFORMANT MRS. HAZEL MCINTYRE - CRISFIELD, MD.		INTERVAL BETWEEN ONSET AND DEATH 2 wks.	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 592X		DUE TO Arremia - Acute dil. of heart					
Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last.		(b) Chronic dvt Nephritis - Multiple DUE TO Arthritis				3 yrs.	
(c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1b.)					
20c. TIME OF INJURY Hour o. p. p. m.		Month 19	Doy 19	Year 1956	20d. INJURY OCCURRED White at work <input type="checkbox"/> Not white at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) MARION STA. MD.
						(County) MARYLAND	(State) MARYLAND
21. I certify that I attended the deceased from 2-22-1956 , to 3-8-1956 , that I last saw the deceased alive on 3-8-1956 , and that death occurred at 6:00 P.M. from the causes and on the date stated above.				ADDRESS (Street, city or town, state) MARION STA. MD.		DATE SIGNED 3-9-56	
ACTUAL SIGNATURE George G. Coulbourne M.D.							
PHYSICIAN'S NAME (Type) GEORGE C. COULBOURNE M.D.		MARION STATION, MD.					
22a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		22b. DATE THEREOF MAR. 11, 1956		22c. NAME OF CEMETERY OR CREMATORIAL PRESBYTERIAN CEMETERY		22d. LOCATION (City, town, or county) PRINCESS ANNE, MARYLAND	
		ADDRESS				(State)	
23. FUNERAL DIRECTOR'S SIGNATURE BRADSHAW & SONS - CRISFIELD, MD.				24a. REC'D BY REGISTRAR DATE 3-9-56		24b. REGISTRAR'S SIGNATURE Nellie D. Payne	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death: Page 4
may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

INSTRUCTIONS

1

TO ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

3291 CERTIFICATE OF DEATH

03263

Reg. Dist. No. 260

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY SOMERSET		MARYLAND		STATE MARYLAND		COUNTY SOMERSET	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN		(If rural give location)	
TOWN PRINCESS ANNE		7 MONTH		TOWN PRINCESS ANNE		HAMPTON AVE.	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS			
3. NAME OF DECEASED (Type or Print) ALLENA				4. DATE OF DEATH 3/26/56 19			
5. SEX FEMALE	6. COLOR OR RACE NEGRO	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE	8. DATE OF BIRTH 7/22/55	9. AGE last birthday yrs. 7	IF UNDER 1 YEAR Months 7	IF UNDER 24 HRS. Deys 7	Hours Min. 1
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) maryland	
13. FATHER'S NAME GEORGE A. PALMER				14. MOTHER'S MAIDEN NAME MINNIE NULLEN			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS MINNIE PALMER PRINCESS ANNE MD			
18. MEDICAL CERTIFICATION							
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <i>501X</i> IMMEDIATE CAUSE (A) <i>Acute Pulmonary Emphysema, 3 days</i> ANTECEDENT CAUSE(S) DUE TO <i>Bronchitis ..</i> DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO <i>Acute gaseous abdominal distension, 1 day</i> (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19e. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
21e. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) Princess Anne MD (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>3-25-56</i> to <i>3-26-56</i>, that I last saw the deceased alive on <i>3-25-56</i>, and that death occurred at <i>7:30 AM</i>, from the causes and on the date stated above. SIGNATURE <i>Allen Lewis</i> M.D. ADDRESS (Street, city, town, state) Princess Anne, MD DATE SIGNED 3/26/56							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL		DATE THEREOF 3/27/56		NAME OF CEMETERY OR CREMATORIUM ME CARMAL		LOCATION (City, town, or county) PRINCESS ANNE MD (State)	
24. REC'D BY REGISTRAR DATE 3/27/56		REGISTRAR'S SIGNATURE <i>R.H. Johnson, M.D., William H. James of Princess Anne, MD</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS			

4000236404

MASSACHUSETTS STATE POLICE DEPARTMENT OF HIGHWAY SAFETY

1956 CERTIFICATE OF REGISTRATION

REGISTRATION NUMBER: 45-4552789

MASS.
REG. NO. 45-4552789
EXPIRES APRIL 1957

BUREAU V. S.

MAR 29 1956

RECEIVED

03264

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3292

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH CITY TOWN	Somerset Princess Anne	MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE CITY TOWN	Maryland Princess Anne	COUNTY Somerset
HOSPITAL OR INSTITUTION OR STREET ADDRESS		LENGTH OF STAY (in this place)	STREET ADDRESS	121 Washington Street	(If rural, give location)

3. NAME OF DECEASED (Type or Print)	Sarah Elizabeth Pinbett	4. DATE OF DEATH	(Month) March	(Day) 18	(Year) 1956
5. SEX	6. COLOR OR RACE	7. MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	10. If under 1 year Months Days Hours 79 yrs.
Female	Colored		Sept. 7, 1876	79	

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)	Domestic	10b. KIND OF BUSINESS OR INDUSTRY	At home	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHA COUNTRY
				Galena, Kent County, Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Robert David Peaker	Alice
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Year, if known) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.
No	Roxie Pinbett
17. INFORMANT AND ADDRESS	18. MEDICAL CERTIFICATION
Roxie Pinbett, 121 Washington St., Baltimore	

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
57.1	
Immediate cause	(a) Chronic Gastro Enteritis
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypostatic Pneumonia
	(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.
--

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
------------------------	----------------------------------	--------------

21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month)	(Day)	(Year)	INJURY OCCURRED While at Work	HOW DID INJURY OCCUR? Not While At work	
OF INJURY	m.				

22. I hereby certify that I attended the deceased from Dec. 10, 1955, to March 18, 1956, that I last saw the deceased alive on March 17, 1956, and that death occurred at 2:15 A.m., from the causes and on the date stated above. SIGNATURE (Degree or title) ADDRESS DATE SIGNED
--

23. BURIAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORIUM	LOCATION (City, town, or county)
	3-21-56	Westley	Princess Anne, Md.
DATE REC'D BY LOCAL REG.	REG. 3/19/56	REGISTRAR'S SIGNATURE	FUNERAL DIRECTOR
		R. E. Johnson, M.D.	J. Edgar Thomas, Accomac, D.O.

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

BUREAU V. S.

MAR 20 1956

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3293 CERTIFICATE OF DEATH

03265
261

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Somerset		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. STATE Maryland			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Marion Station		c. LENGTH OF STAY IN lb 20 years			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION First JACOB MIDDLE THOMAS LAST SATCHELL		e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print)	4. DATE OF DEATH Month March	Day 20	Year 1956		
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 15, 1871		
9. AGE (In years lost birthday) 85 yrs.	10. IF UNDER 1 YEAR Months 85	11. IF UNDER 24 HRS. Days 0	12. IF UNDER 24 HRS. Hours 0		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hotel Employee	10b. KIND OF BUSINESS OR INDUSTRY Hotel Business	11. BIRTHPLACE (State or foreign country) Eastville, Virginia	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Severn Satchell	14. MOTHER'S MAIDEN NAME unknown				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 213-22-9179	17. INFORMANT Margaret E. Stachell--Marion Station, Md.	Address		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Ril. of Heart- DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) _____ DUE TO (c) Carcinoma of stomach with hemorrhage DUE TO			INTERVAL BETWEEN ONSET AND DEATH 5 days		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour o. g. p. m. 19	20d. INJURY OCCURRED White Not white at work <input type="checkbox"/> at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) Marion Sta. Md.	(County) Wicomico Co.	(State) Md.
21. I certify that I attended the deceased from Mar. 17, 1956 to Mar. 20, 1956 , that I last saw the deceased alive on Mar. 17, 1956 , and that death occurred at Marion Sta. Md. , from the causes and on the date stated above. ADDRESS (Street, city or town, state) George C. Coulbourn, M.D. M.D. 3-23-56					
DATE SIGNED					
ACTUAL SIGNATURE George C. Coulbourn, M.D.					
PHYSICIAN'S NAME (Type) George C. Coulbourn, M.D. Marion Station, Md.					
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial	22b. DATE THEREOF Mar. 23, 1956	22c. NAME OF CEMETERY OR CREMATORIAL Lawsonia Cemetery	22d. LOCATION (City, town, or county) Crisfield, Md.	(State) Md.	
23. FUNERAL DIRECTOR'S SIGNATURE Bradshaw & Sons—Crisfield, Md.			24a. REC'D BY REGISTRAR 3-23-56	24b. REGISTRAR'S SIGNATURE Nellie D. Payne	

87 290 MITCHELL - HIGH RO. TRAILER PARK PRIVATE OWNERSHIP

1980-1981

BUREAU V. S.

MAR 27 1956

REGELVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
3285 CERTIFICATE OF DEATH

03266-
265

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE	
Somerset MARYLAND		Maryland	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 39 Crisfield		c. LENGTH OF STAY IN 1b lifetime	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION oo E. Main St., Ext.		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield	
3. NAME OF DECEASED (Type or print)		First ARLIE	Middle GRAHAM
		Last STERLING, SR.	4. DATE OF DEATH
5. SEX		6. COLOR OR RACE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>
Male		White	WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>
8. DATE OF BIRTH		9. AGE (In years from birthday) 76 yrs.	10. IF UNDER 1 YEAR Months Days Hours Min.
August 20, 1879			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner		10b. KIND OF BUSINESS OR INDUSTRY Seafood Packer	11. BIRTHPLACE (State or foreign country) Crisfield, Maryland
12. CITIZEN OF WHAT COUNTRY?		USA	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Andrew Grover Sterling		Virginia Jones	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT
No			Stanley C. Sterling-Crisfield, Maryland
Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		422.2 Acute Dil. of Heart - Uremia - 2 weeks-	
DUE TO			
Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last.		(b) Chronic Myocarditis + Nephritis - about 5 yrs	
DUE TO			
(c)			
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 p. m.		20d. INJURY OCCURRED White Nat while at work <input type="checkbox"/> at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)
21. I certify that I attended the deceased from Mar. 9, 1956 to Mar. 23, 1956, that I last saw the deceased alive on Mar. 23, 1956, and that death occurred at 2:00 P.M. from the causes and on the date stated above. ADDRESS (Street, city or town, state)		DATE SIGNED	
ACTUAL SIGNATURE George C. Coulbourn		M.D. Marion Station, Maryland	
PHYSICIAN'S NAME (Type)		George C. Coulbourn, M. D.	
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF Mar. 25, 1956	22c. NAME OF CEMETERY OR CREMATORIUM Sunnyridge Cemetery
22d. LOCATION (City, town, or county) Crisfield, Maryland		(State)	
23. FUNERAL DIRECTOR'S SIGNATURE Bradshaw & Sons-Crisfield, Md.		ADDRESS	24a. REC'D BY REGISTRAR DATE 3-26-56
			24b. REGISTRAR'S SIGNATURE Nellie D. Payne

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of death. Page 4
 may be retained by the hospital or attending physician.
 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed, it should be filed with
 page 3 should be detached for use as the burial-travel permit. Then please remove carbon papers. Pages 1 and 2 should be filed with
 the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

WISCONSIN STATE GOVERNMENT OF GREENBAY - DELINQUENT

CERTIFICATE OF DEATH

NAME	ADDRESS	NAME	ADDRESS
AGE	SEX	AGE	SEX
DEATH DATE	TIME	DEATH DATE	TIME
CAUSE OF DEATH		CAUSE OF DEATH	
DEATH CERTIFIED BY			
SIGNED AND DATED			

BUREAU V. S.

MAR 28 1956

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03267

3294

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH a. COUNTY Somerset		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Maryland b. COUNTY Somerset	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Princess Anne		c. LENGTH OF STAY IN 1b 25 yrs.	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Beechwood St.		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)	First Mary	Middle E.	Last Taylor
4. DATE OF DEATH March	Month 22	Day 19	Year 56
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 2, 1890
9. AGE (In years last birthday) 65 yrs.	10. IF UNDER 1 YEAR Months	11. IF UNDER 24 HRS. Days	12. IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Theodore Pusey		14. MOTHER'S MAIDEN NAME Mary Reese	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT Mrs. Raymond Taylor Princess Anne, Md.		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 420.1 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH INSTANT?	
MYOCARDIAL INFARCTION ATHEROSCLEROSIS		(?) YEARS	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) SEVERE ESSENTIAL HYPERTENSION		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 p. m.		20d. INJURY OCCURRED While Not while at work <input type="checkbox"/> at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from 8-20, 1952 to 3-22, 1956 that I last saw the deceased alive on JAN 4, 1956, and that death occurred at 845 AM, from the causes and on the date stated above. ACTUAL SIGNATURE <i>George M. Dunn</i> M.D. ADDRESS (Street, city or town, state) Princess Anne, Md. DATE SIGNED			
PHYSICIAN'S NAME (Type) GEORGE MITCHELL DUNN, M. D.		Princess Anne, Maryland	
22a. BURIAL, CREMATION, REMOVAL (Specify) burial		22b. DATE THEREOF 3/25/56	
22c. NAME OF CEMETERY OR CREMATORIAL Manokin Presbyterian		22d. LOCATION (City, town, or county) Princess Anne Md.	
23. FUNERAL DIRECTOR'S SIGNATURE <i>James L. Henman</i>		ADDRESS Princess Anne Md.	
		24a. REC'D BY REGISTRAR DATE 3/29/56	24b. REGISTRAR'S SIGNATURE <i>R. J. Johnson, M.D.</i>

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed, it should be detached for use as the burial-transit permit. Then please remove carbon paper. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

DEPARTMENT OF HOMELAND SECURITY - FEDERAL BUREAU OF INVESTIGATION

CERTIFICATE OF DEATH

+

APR 2 1956

BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03268

3295

CERTIFICATE OF DEATH

Reg. Dist. No.

265

1. PLACE OF DEATH a. COUNTY Somerset		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MARYLAND Maryland	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Crisfield		c. LENGTH OF STAY IN 1b 20 years	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 79 McCready Hospital		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) MILDRED HORSEY WILKENS		First MILDRED	Middle HORSEY
4. DATE OF DEATH March 24,		Month March	Day 24,
5. SEX Female		6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>
8. DATE OF BIRTH March 13, 1891		9. AGE (In years from birthday) 65 yrs.	10. IF UNDER 1 YEAR Months 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Registered Nurse		10b. KIND OF BUSINESS OR INDUSTRY Hospital	11. BIRTHPLACE (State or foreign country) Crisfield, Maryland
12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME Alonzo R. Horsey		14. MOTHER'S MAIDEN NAME Addie Nelson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 17. INFORMANT Mrs. Ruth Anklam--Main St.--Crisfield, Md.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary oedema & b. cl. of heart.		INTERVAL BETWEEN ONSET AND DEATH 18 hrs.	
260X Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. } (b) Pulmonary embolism		7-5 days.	
DUE TO (c) Diabetic arterio sclerotic heart disease		yrs.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 p. m.		20d. INJURY OCCURRED White Not white at work <input type="checkbox"/> off work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)
21. I certify that I attended the deceased from March 18, 1956 , to March 24, 1956 , that I last saw the deceased alive on March 24, 1956 , and that death occurred at 6:15 P.M. , from the causes and on the date stated above. ACTUAL SIGNATURE C. G. Rawley		ADDRESS (Street, city or town, state) Crisfield - Md. DATE SIGNED 3/24/56	
PHYSICIAN'S NAME (Type) C. G. Rawley, M. D.		M.D.	
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF Mar. 27, 1956	22c. NAME OF CEMETERY OR CREMATORIUM Crisfield Cemetery
22d. LOCATION (City, town, or county) Crisfield, Md.		(State)	
23. FUNERAL DIRECTOR'S SIGNATURE Bradshaw & Sons--Crisfield, Md.		24a. REC'D BY REGISTRAR DATE 3/28/56	24b. REGISTRAR'S SIGNATURE Barbara S. Johnson

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed, it should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

BUREAU Y. S.

APR 2 1956

LOGO VIDEO